



Certifying Board of the American Association of Medical Assistants®

CMA (AAMA)® Digital Badge Order Form



Product	Price
Replacement Digital Badge	\$10

Name: _____

Previous Last Name (If Applicable): _____

Member ID or Last Four Digits of Social Security Number: _____

CMA (AAMA)® Certification ID: _____

Address: _____

Day Phone: _____ Email: _____

Enclosed is a cashiers' check* or money order # _____, made payable to AAMA Certification in the amount of \$10.

If paying by cashier's check or credit card, return completed form with payment:



AAMA
Attention: Certification Dept.
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606

Charge my**:
in the amount of \$10.

AmEx

Visa

MC

Discover

Card #: _____ Expiration Date: _____

Cardholder Name: _____

Signature: _____

If paying by credit card, you may submit the form information and payment over the phone instead of by mail: 800/228-2262

*Personal checks are not accepted.

**Declined credit cards are subject to a \$25 charge.